U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1 File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

	01 / 01 / 2004 Through: 12/ 31/ 2004				
3 Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name WAYNE MITCHELL	Name NEW YORK MAILERS WILLOW No. 6 Labor Organization File Number 669676				
PO Box, Bldg , Room No., if any	P.O. Box, Building and Room Number, if any				
Street 31 W 15 ST.	Street 3/ W 15 5 ST.				
City NEN YORK	City NEW YORK				
State N Y ZIP Coce + 4 /00//- 6849	State N 4 ZIP Code + 4 1001/- L649				
5 Position in labor organization					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6 Name and address of Employer (including trade name, if any)	7.a. Nature of Interest, Transaction, or Income				
Name					
Trade Name, if any.					

Signature

ZIP Code + 4

7,b, Amount.

15. Signature and verification. The undersigned ceclares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Street

City

State

P.O. Box, Bldg., Room No., if any

Signed My Mithaell

File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
9. Business deals with a. Labor Organization			
b. Trust c. Employer			
11.a Nature of such dealing			
Serve as Trustee on the Plane Board of mustees			
11.b. Approximate dollar value of such dealing			
Reimbersement by check of Travel hatel meds a music expenses to attack Board meetings on april 18-20, july 31-ay3 and Dec 3 Loof			

1				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)			14.a Nature of payment	
	Name			
	Trade Nan e-d any			
P.O. Box, Bldg. Room No., if any				
	Street			
,	City			
	State	ZIP Code + 4		
	13 to 15 th Clause in the Boundary and Long Toyer		?	14 b. Amount of paymen

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Loomis, Saples & Congrey

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 39533 N. WOODWARD QUE SUITE 300

CITY BLOOM FIELD HILLS

State M/.

ZIP Code + 4 48304

10. If 9 b, or 9 c, is checked give trust or employer's haine

Name CWA/ITU Hegotuted Genuin Plan

Trade Name, if any

P.O. Box, Bldg. Room No., if any

Street 831 S. Nevada Que 57 120

City Colorato Springs

State Co.

ZIP Code + 4 80908

9. Business deals with

a. Labor Organization



c. Employer

11.a Nature of such dealing

BUSINESS PROVIDES INVESTMENT MAHACMENT SERVICES TO THE TRUST

دن . 767 , کاور 11.b. Approximate dollar value of such dealing

12.a. Nature of interest held or income received

DINNER AFTER BOARD OF TRUSTEE PRETINGS IN WHICH INVESTMENT PERFORMANCE WAS REVIEWED ON 4/18/04 - 8/3/04 mg spouse ALSO ATTENDED

12.b. Amount. \$ 371. 60

14.a Nature of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg. Room No., if any

Street

City

State

ZtP Cade + 4

13 b. Is the Business an Employer

or Connaltant

14 b. Amount of payment

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name CONFRESS ASSET MANDEMENT

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 2 Seaport LANE

City BOSTON

State MA

ZIP Code + 4072/0 - 200/

10 If 9 b, or 9 c, is checked give trust or employer's name

Name CWA/ITU Negotiated Corson Plan

Trade Name, if any

P.O Box, Bldg Room No, If any Suite 120

Street 831 S. Nevada aux

City Colorado Springs

ate Co. ZIP Code + 4 8090_3

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing

Business provides investment management Services to the Trust

11.b. Approximate dollar value of such dealing \$\, 192, 500. 00

12.a. Nature of interest held or income received.

ATTENDED RECEPTION AFTER
BOARD OF TRUSTESS MEETING
HOSTED BY CONGRESS ASSET MOT.
FOR THE TRUSTEES, ADVISORS OT HOS MANAGERS ON SPAJOY MY SPONSE
PLEO ATTENDED

12.b. Amount. 7 / 30 . 60

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13 bills the Business an Employer

or Consultant

1.

14 b. Amount of payment

File Number U-

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8 Name and address of Business (including trade name, if any)

Name ASB CAPITOL

Trade Name, if any:

P.O. Box, Bldg, Room No., if any Suite 310

Street 1919 M STREET N.W.

CITY WASHINGTON D.C.

State 0.C.

ZIP Code + 4 200 36 · 35 2/

9. Business deals with

a. Labor Organization



c. Employer

10. If 9 b, or 9 c, is checked give trust or employer's name

Name CWA/ITU NEGOTIATED Consin Clan

Trade Name, if any

PO. Box, Bldg Room No, if any Suite 120

Street 83/ S NEVADA AUE

City QOLORADO SPRINGS

State Co.

ZIP Code + 480903

11.a. Nature of such dealing

Business provides investment management services to the

11.b. Approximate dollar value of such dealing. 223 843 . co

12.a. Nature of interest held or income received.

meeting hooted by ASB for the TRUSTES aborsonse other managers on 4/19/04 my Spouse also attended

12.b. Amount. 3/50. t) 0

14.a. Nature of payment.

C. Received from any emptoyer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13 b. Is the Business an Employer

or Concultan.

14 b. Amount of payment

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